

DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No. ICYTP012

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHODS FOR ANALYZING GENE EXPRESSION PATTERNS the specification of which,

(check one)

1. ☒ is attached hereto.
2. ☐ was filed on _____ as
U.S. Application No. _____
and was amended on _____
3. ☐ was filed on _____ as
International PCT Application No. _____
and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, CFR § 1.56.

Prior Foreign Application(s)

I hereby claim foreign priority benefits under Title 35, United States code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

			Priority Benefits Claimed?
			Yes ___ No ___
_____ (Application No.)	_____ (Country)	_____ (Filing Date)	
_____ (Application No.)	_____ (Country)	_____ (Filing Date)	Yes ___ No ___

Provisional Application(s)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

<u>60/245,081</u> (Application No.)	<u>11/1/00</u> (Filing Date)
_____ (Application No.)	_____ (Filing Date)

Prior U.S. Application(s)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application No.)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
_____ (Application No.)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)

Power of Attorney

And I hereby appoint the law firm of **Beyer Weaver & Thomas, LLP** and all practitioners who are associated with the Customer Number 022434 as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of		
First or Sole Inventor:	<u>Gabor T. Bartha</u>	Citizenship: <u>US</u>
Inventor's signature:	_____	Date of Signature: _____
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Second Inventor: <u>Michael Walker</u>		Citizenship: _____
Inventor's signature:	_____	Date of Signature: _____
Residence: (City)	_____	(State/Country) _____
Post Office Address:	_____	